

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA**

DEBORAH YOUNG, as Special
Administrator of the Estate of
Gwendolyn Young, Deceased,

Plaintiff,

v.

CORRECTIONAL HEALTHCARE
COMPANIES, INC., *et al*,

Defendants.

Case No. 13-CV-315-IDJ-JFJ

DISCLOSURE STATEMENT

"PARTY" DEFINED: Within this form, the terms "party" and "parties" refer to any party, intervenor, or proposed intervenor to this action.

Pursuant to Fed. R. Civ. P. 7.1 and LCvR7.1-1:

Correctional Healthcare Companies, LLC f/k/a Correctional Healthcare Companies, Inc.

[enter name of party on the line above]

who is a (check one) ☐ PLAINTIFF ☒ DEFENDANT ☐ OTHER: _____

in this action, makes the following disclosures:

INSTRUCTIONS:

1. Determine which part(s) of the form apply:
 - Part I is applicable only in diversity cases and must be completed by all parties.
 - Part II is applicable in all cases and must be completed by all nongovernmental parties that are not natural persons.
2. Check the applicable box or boxes, and fully provide any required information.
3. Attach separate pages as necessary to fully provide required information.

PART I

☐ This party is an individual who is a citizen of the state of _____.

☐ This party is a corporation incorporated in _____ and with a principal place of business in _____.

- ☐ This party is an unincorporated association or another artificial entity, including a limited liability company or limited liability partnership.

If yes, identify the nature of the entity, the members of the entity and the member's state of citizenship. If any member is other than an individual person, the required information identifying ownership interests and citizenship for each sub-member must be provided as well.

- ☐ This party is a trust.

If yes, identify each trustee and each trustee's state of citizenship. If any trustee is other than an individual person, the required information identifying ownership of the non-individual trustee and state of citizenship of each sub-trustee must be provided as well.

PART II

- ☐ This party is publicly held.

- ☒ This party has one or more parent entities.

Correctional Healthcare Companies, LLC, f/k/a Correctional Healthcare Companies, Inc. is wholly owned by CHC Companies, LLC, a Delaware limited liability company, which is wholly owned by Correctional Healthcare Holding Company, LLC, a Delaware limited liability company, which is wholly owned by Jessamine Healthcare, Inc., a Delaware corporation.

- ☐ This party has one or more subsidiaries.

If yes, identify all subsidiaries.

- ☐ Ten percent or more of the stock of this party is owned by a publicly held corporation or other publicly held entity.

If yes, identify all such owners.

- ☐ Another association, firm, partnership, corporation, or other artificial entity related to the party—not already identified through other answers—has a direct financial interest in the outcome of the litigation.

If yes, identify all associations, firms, partnerships, corporations or other artificial entities and the nature of their interest.

- ☐ This party is a trade association.

If yes, identify all members of the association, their parent entities, and any publicly held companies that own ten percent or more of a member's stock.

- ☐ This party is a trust.

If yes, identify each trustee, their parent entities, and any publicly held companies that own ten percent or more of a trustee's stock.

Any additional pertinent information should also be provided on attached page(s).

DATED this 21st day of February, 2023.

Signature: /s/Anthony C. Winter

Printed Name: Anthony C. Winter

Bar Number: #32148

Firm Name: Johnson Hanan Vosler Hawthorne & Snider

Address: 9801 N. Broadway Extension

City, State, Zip Code: Oklahoma City, OK 73114

Phone/Fax: 405-232-6100

Email Address: awinter@johnsonhanan.com

CERTIFICATE OF SERVICE

I hereby certify that on February 21, 2023, I electronically transmitted the foregoing document to the Clerk of Court using the ECF System for filing and transmittal of a Notice of Electronic Filing to the following ECF registrants (names only are sufficient):

I hereby certify that on February 10, 2023, I served the same document by

☐ U.S. Postal Service

☐ In Person Delivery

☐ Courier Service

☒ E-Mail

on the following, who are not registered participants of the ECF system:

Name(s) and Address(es):

/s/Anthony C. Winter

Signature